

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

## I Reporting Information

Year: 2013

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RECEIVED JUL 16 2013

HAND DELIVERED

CR # 10608 \$ 50.00

## II Client Information

Name: Insurance Association, Inc. (NY)

Permanent Business Address: 130 Washington Ave

City: Albany

State: NY

ZIP code: 12210

Phone: (518) 432-4227

## III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name: Robert C. Oaks Insurance Agency

Entity Address: 1497 Willowdale Drive

City: Macedon

State: N.Y.

ZIP code: 14489

Phone: (315) 986-5812

State Person with the Requisite Involvement in the Entity: Assemblyman Robert C. Oaks

Last name: Oaks

First name: Robert

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: 10 Leach Road

City: Lyons

State: N.Y.

ZIP code: 14480

Phone: (315) 946-5166

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s): A NYIA Board member, Chair Jeff Rice, is President of Wayne Cooperative Insurance. Wayne Cooperative receives some of its insurance business through the Robert Oaks Agency.

Compensation (Actual or Anticipated): \$ 15,216 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated):

\$ 15,216 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: July

Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

### Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

#### III Business Relationship with an Entity

**Instructions:** Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III(a)** Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name: B. E. L. Associates

Entity Address: 1717 State Street

City: Watertown

State: N.Y.

ZIP code: 13601

Phone: (315) 788-4525

State Person with the Requisite Involvement in the Entity: Assemblyman Kenneth Blankenbush

Last name: Blankenbush

First name: Kenneth

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: 15 Bridge Street

City: West Carthage

State: N.Y.

ZIP code: 13619

Phone: (315) 493-3909

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s): A NYIA Board member, Chair Jeff Rice, is President of Wayne Cooperative Insurance. Wayne Cooperative receives some of its insurance business through B. E. L. Associates

Compensation (Actual or Anticipated): \$ 10,461 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated):

\$ 10,461 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: July Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: Year:

**III(b)** Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:



#### IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Crouch State Person First Name: Clifford  
Agency or Legislative Body of Employment: New York Assemblyman  
Public Office Address: 1 Kattellville Road, Suite 1  
City: Binghamton State: N.Y. ZIP code: 13901  
Phone: (607) 648-6080  
Description of Business Relationship(s): A NYIA Board member, Second Vice Chair Steven Coffey is President of Broome Co-operative Insurance Company. Broome Co-operative has on its Board of Directors Assemblyman Clifford Crouch.  
Compensation (Actual or Anticipated): \$ 2,100 .00  
Expenses (Actual or Anticipated): \$ 1,161 .00-48  
Total Compensation and Expenses (Actual or Anticipated): \$3,261.48  
Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2012  
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:  
Check here if using addendum sheet for additional State Person(s): ☐

#### V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Ellen Melchionni, President DATE: 7-9-13

PRINT NAME: LAST Melchionni FIRST Ellen

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)